

*Harry Barnes*

Died at *Jail* Town *Howard* County *Howard* MARYLAND

Date *1803* Month *Nov* Day *15* Y. *15* M. *15* D. Native of *MD* Occupation *laborer*

Male *White* Married *Widow* Divorced *Widower* Number of children living *166*

Female *Colored* Single *Widower* Number of children living *166*

Husband of *166*

Wife *166*

Father's Name *Jacob Barnes* Mother's Name *Martha Barnes*

Cause of Death { Primary *Fall from horse while riding - bad wounds.* How long sick *12 days*

Death { Immediate *Meningitis resulting from concussion of brain.* Accident, Suicide, Homicide

Reported by *William E Hodges MD*

Address *Ellicott City - MD*



Name  
in  
Full

Emily - A. Carroll

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Clarkesville</i>		County <i>Howard</i>		MARYLAND	
Date of death 1903	Month <i>Nov.</i>	Day <i>19</i>	Age	Years <i>73</i>	Months <i>10</i>	Days <i>16</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Burkettsville, Md</i>			
Married, Single or Widowed <i>Widow</i>			Occupation <i></i>				
Name of Wife or Husband <i>Wm Carroll (deceased)</i>							
Father's Name <i>Dr. Tilghman Biser (dec'd)</i>				Father's Birthplace <i>Fredricks Co. Md</i>			
Mother's Maiden Name <i>Mary Anne Biser Lamar</i>				Mother's Birthplace <i>Jefferson Md</i>			
Name of person giving In formation <i>Mrs Frances V. Willard</i>				How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Jaundice - Malignant</i>	How long <i>2</i>	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Z. Lewis</i>	
<i>Yes</i>		Address <i>Highland.</i>	
Accident or Suicide?			



Name  
in  
Full

William Dorsey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Columbia, <sup>Town</sup>		Harvard <sup>County</sup>		MARYLAND	
Date of death	1903	Month	Nov.	Day	20th	Years	15
Sex		male		Color or Race		Black	
Birth-place		Maryland,					
Occupation		School boy		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Chas. Dorsey		Father's Birthplace		Maryland	
Mother's Maiden Name		Not known		Mother's Birthplace		Not known	
Name of person giving information		J. Dumbell		How related to deceased		Not related	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long	6 months,
Immediate	Asphyxia		How long	1 day,
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			admitt City. Md.	
Accident or Suicide?		No.		



Name  
in  
Full

Marrah L. Douglas

## CERTIFICATE OF DEATH

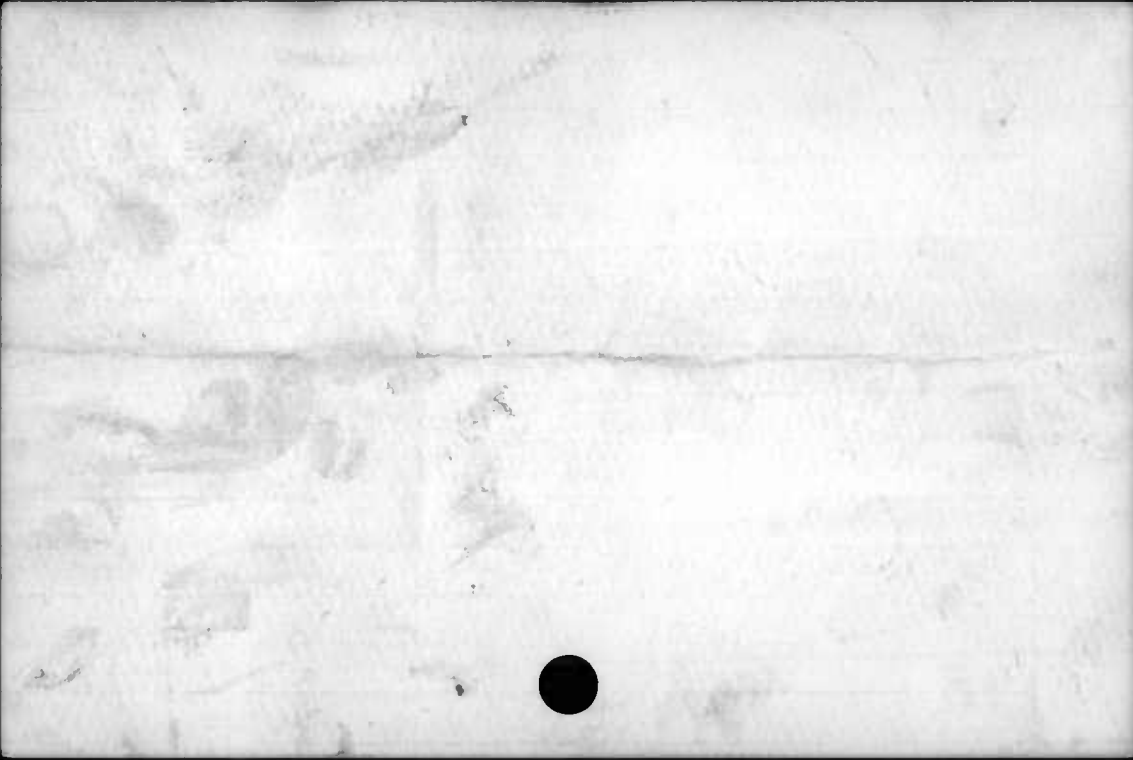
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Laurel</i>		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>13</i>	Age <i>9</i>	Months <i>10</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Howard Co Md</i>		
Married, Single or Widowed <i>Single</i>		Occupation —			
Name of Wife or Husband —					
Father's Name <i>Darcy Douglas</i>			Father's Birthplace <i>Howard Co</i>		
Mother's Maiden Name <i>Marrett Warfield</i>			Mother's Birthplace <i>Howard Co</i>		
Name of person giving In formation <i>Marrett Douglas</i>			How related to deceased <i>mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Ryden</i>
	Address <i>Laurel Md</i>
Accident or Suicide?	





Name  
in  
Full

Joseph Grejo

## CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Woodstock		County Howard		MARYLAND		
	Date of death 190	3	Month Novbr.	Day 14 <sup>th</sup>	Age	Years 18	Months —	Days —	
	Sex	male		Color or Race	white		Birth- place	Italy	
	Married, Single or Widowed	Single			Occupation laborer				
	Name of Wife or Husband								
	Father's Name	not known			166-		Father's Birthplace	Italy	
	Mother's Maiden Name	not known					Mother's Birthplace	Italy	
Name of person giving In formation						How related to deceased		P. A. Porter	not related

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long	—	
	Immediate	Killed by passenger train	How long	—
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		Bernard H. Wallenhorst, J.P. Acting Coroner	
	Address		Collicott City, Md.	
Accident or Suicide?		Accident.		

216163

Giuseppe Inco

Name in Full

Certificate of Death

Edward George Grey

Town

County

Died at

Elk Ridge

Howard

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Nov.

30

Age

16 9 2

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

George Grey

Mother's

Maiden Name

Mary Annie Hall

Cause of

Primary

Diabetes Mellitus

How long sick

6 mo.

Death

Immediate

Acute Lobar Pneumonia

Accident, Suicide, Homicide

Reported by

Wm R. Eareckson

Address

Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Stewart Mowen

215 Park ave

Balto Md

Name  
in  
Full

Frank. Griffith

## CERTIFICATE OF DEATH

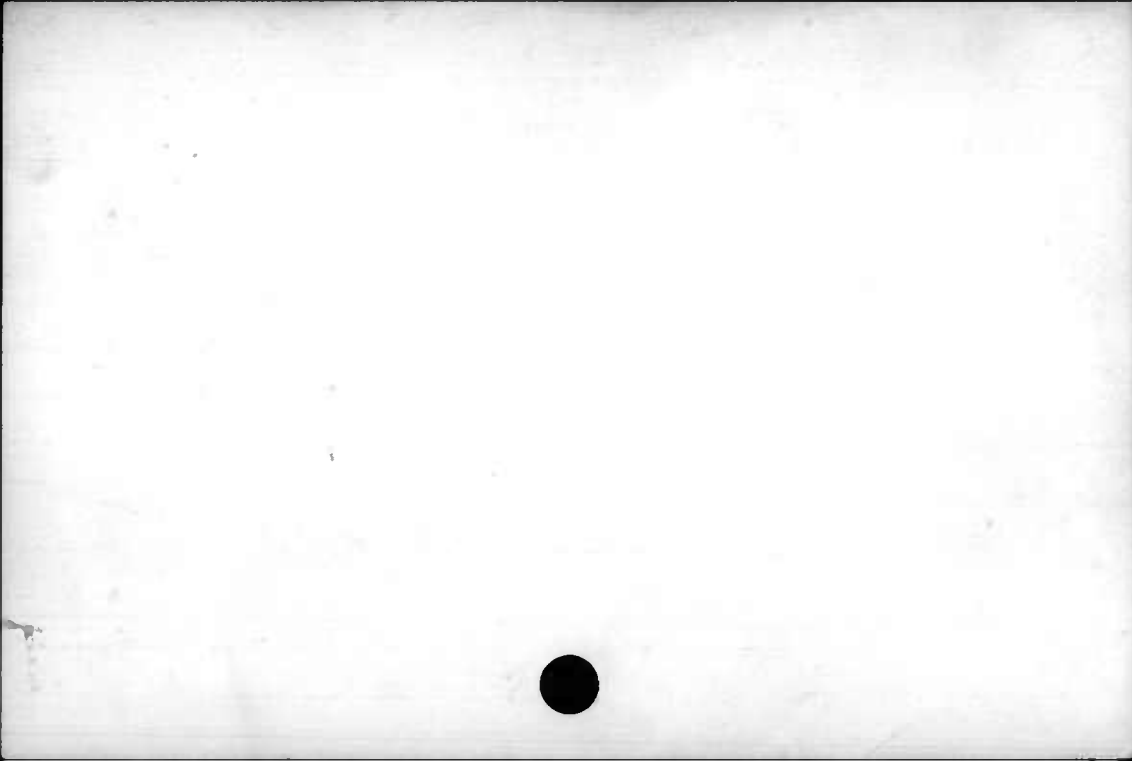
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Roxbury		County Howard		MARYLAND	
Date of death 1903	Month Apr.	Day 12	Age	Years 33	Months	Days	
Sex Male		Color or Race White		Birth- place Montgomery Co.			
Married, Single or Widowed Married		Occupation Farmer					
Name of Wife or Husband Vivie Griffith							
Father's Name Chas. H. Griffith				Father's Birthplace Montgomery Co.			
Mother's Maiden Name Hester Dorsey				Mother's Birthplace Howard Co.			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

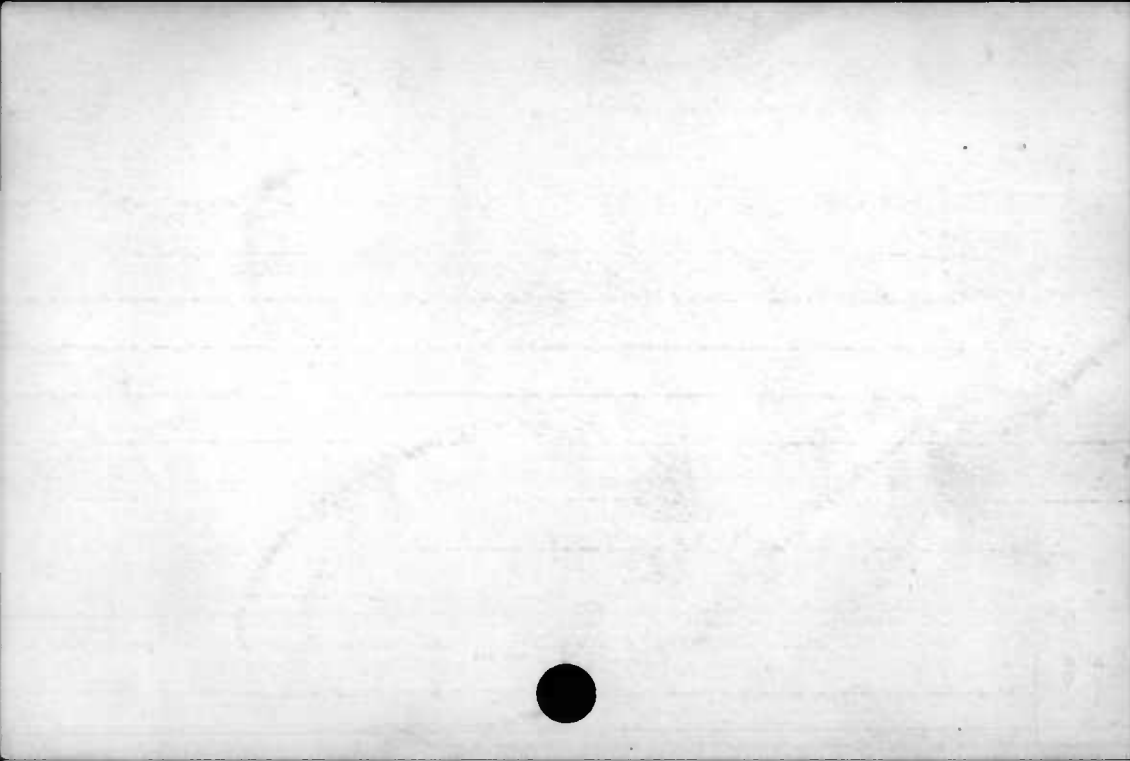
Primary	Gun shot wound	How long	
Immediate	Internal hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. G. Spurrer M.D.	
		Address Unity Montg. Co.	
Accident or Suicide?			
accident			



Name in Full		<i>John H. Hands</i>				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Elk Ridge</i>		County <i>Howard Co</i>		MARYLAND		
		Date of death 190 <i>3</i>		Month <i>Nov</i>	Day <i>19<sup>th</sup></i>	Years <i>75</i>	Months	Days
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Anne Arundel Co Maryland</i>		
		Married, Single or Widowed <i>Married</i>		Occupation <i>Engineer</i>				
		Name of Wife or <del>Husband</del> <i>Emma C Hands</i>						
		Father's Name					Father's Birthplace	
		Mother's Maiden Name					Mother's Birthplace	
		Name of person giving Information <i>Emma C Hands</i>					How related to deceased <i>wife</i>	

### CAUSES OF DEATH

PHYSICIAN OR CORONER		Primary <i>Infirmity of age</i>		How long <i>eighteen months</i>
		Immediate <i>gastritis</i>		How long <i>two days</i>
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Arthur Williams</i>
		Address <i>Elk Ridge Howard Co Maryland</i>		
Accident or Suicide? <i>no</i>				





Sarah Jensen

Town

County

Died at Dayton

Howard

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Nov.	6	Age 14	1	29	Dayton	House maid
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of  
Wife

Father's Name Alfred Jensen

Mother's Name Elizabeth Jensen

Cause of Primary Tuberculosis

How long sick 6 months

Death Immediate " Laryngitis

Accident, Suicide, Homicide

Reported by Aug Stabler

Address Brighton Mount. C. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Genery Lantoro

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov.</i>	Day <i>14</i>	Age <i>27</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Italy</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Stone cutter</i>				
Name of Wife or Husband <i>Annie Lantoro</i>					
Father's Name <i>Bartolomeo Lantoro</i>			Father's Birthplace <i>Italy</i>		
Mother's Maiden Name <i>Margaret Lantoro</i>			Mother's Birthplace <i>Italy</i>		
Name of person giving information <i>Katie Friedrich</i>			How related to deceased <i>Brother in Law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Congestion of lungs &amp; Arteries</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. B. Brown and</i>
	Address <i>White Mt. Rd</i>
Accident or Suicide?	



James O. Sellman

Town

County

Died at *Henryton* *Howard* *Leo*

MARYLAND

Date 19*03* *Nov* *22* | Age *34* | Native of *Ind* | Occupation *Laborer*

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

~~Husband~~~~Wife~~

Father's

Mother's

Name

Maiden Name

*Charles Sellman* *Ellen Day*

Cause of

Primary

*General Tuberculosis*

How long sick

*over 2 yrs*

Death

Immediate

*systemic prostration*

Accident, Suicide, Homicide

Reported by

Address

*Benj. F. Shipley M.D.*  
*Alpha* *Howard Leo Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Annie Linn

Died at <sup>Town</sup> ElkrIDGE<sup>County</sup> Howard

MARYLAND

Date of death 1903 <sup>Month</sup> 11 <sup>Day</sup> 6 <sup>Age</sup> <sup>Years</sup> 4 <sup>Months</sup> 4 <sup>Days</sup> 1

Sex Female <sup>Color or Race</sup> <sup>Birth-place</sup> ElkrIDGE

Married, Single or Widowed <sup>Occupation</sup>

Name of Wife or Husband

Father's Name Daniel Linn 176

Father's Birthplace Md

Mother's Maiden Name Lucy Linn

Mother's Birthplace Md

Name of person giving information Daniel Linn

How related to deceased Father

## CAUSES OF DEATH

Primary Strangulation

How long 2 hours

Immediate

How long 2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Karrison Tongue  
ElkrIDGE  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

